

Pure Resolutions LLC

An Independent Review Organization

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Notice of Independent Review Decision

Case Number:

Date of Notice: 01/04/2016

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Orthopedic Surgery

Description of the service or services in dispute:

Right knee arthroscopy with partial medial meniscectomy

Upon Independent review, the reviewer finds that the previous adverse determination / adverse determinations should be:

- ☒ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part / Disagree in part)

Patient Clinical History (Summary)

The patient is male who was injured on XX/XX/XX during a motor vehicle accident. The patient reported injuries to the right knee and shoulder. The patient continued to report moderate to severe complaints of right knee pain vision yeah continued to report chronic moderate to severe complaints of pain in the right knee. MRI studies of the right knee from XX/XX/XX noted a small horizontal tear of the posterior horn of the medial meniscus extending to the undersurface. XX/XX/XX report noted continuing complaints of right knee pain 7/10 in intensity with associated locking popping and swelling. The patient's physical examination noted positive medial sided McMurray's signs. There was passive pain free and active pain free range of motion that was normal. No locking could be reproduced on physical examination. The patient reported limited improvement with home exercises. The surgical request was denied by utilization review on XX/XX/XX as there was no indication of failure of conservative management. The request was again denied on XX/XX/XX regard due to the lack of any documentation regarding failure of conservative management.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The patient has been followed for persistent complaints of right knee pain with associated locking popping and swelling. The patient's most recent physical examination from XX/XX/XX noted positive mid at medical McMurray signs and MRI studies noted a horizontal tear within the medial meniscus extending to the undersurface. Although the patient remained symptomatic, the records did not indicate any failure of conservative management to include trials of anti-inflammatories or a full physical therapy program. Locking and blocking locking or blocking of the right knee cannot be reproduced on physical examination. As the records do not meet guideline recommendations regarding conservative management prior to considering surgical intervention, this reviewer would not recommend certification for request. It is this reviewer's a pin opinion that medical necessity for the quest has not been established and prior denials remain upheld.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ☐ ACOEM-America College of Occupational and Environmental Medicine um
- ☐ knowledgebase AHCPR-Agency for Healthcare Research and Quality Guidelines
- ☐ DWC-Division of Workers Compensation Policies and
- ☐ Guidelines European Guidelines for Management of Chronic
- ☐ Low Back Pain Interqual Criteria
- ☒ Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
- ☐ standards Mercy Center Consensus Conference Guidelines
- ☐ Milliman Care Guidelines
- ☒ ODG-Official Disability Guidelines and Treatment
- ☐ Guidelines Pressley Reed, the Medical Disability Advisor
- ☐ Texas Guidelines for Chiropractic Quality Assurance and Practice
- ☐ Parameters Texas TACADA Guidelines
- ☐ TMF Screening Criteria Manual
- ☐ Peer Reviewed Nationally Accepted Médical Literature (Provide a description)
- ☐ Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)